

# Washington Metropolitan Area Transit Commission

## 2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

FEB 1 2016

### 1. CARRIER INFORMATION:

2695	All Washington View LLC		
*WMATC No. *Name of Carrier (as shown on certificate of authority)			
9031 Contee Road, #302		City LAUREL	MD 20708-2121
*Street Address of Principal Place of Business	Apt.	State	Zip
Mailing Address (if different from street address)		Apt./Suite	City State Zip
(202) 445-0594		allwashingtonview@gmail.com	
*Telephone	Other Telephone	Fax	E-mail

### 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

2557864			
USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

### 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Tunde Alarape	President
*Name	*Title
(202) 445-0594	allwashingtonview@gmail.com
*Telephone	Other Telephone Fax E-mail

### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Name of Registered Agent for Service of Process	Telephone	E-mail
Agent Address (must be inside Metropolitan District)	Apt./Suite	City State Zip

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

*None*

6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of if you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
001	1996	CHEVY HD 30	198KH37N6T3303103	028P34	MD	30	NO

7. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

TUNDE ALARADE  
\*Name (type or print)

PRESIDENT  
\*Title (not required for sole proprietors)

*Tunde Alarade*  
\*Signature

01-26-16  
\*Date